## PART B - FEE(S) TRANSMITTAL

( NON O	Firs Corns, together win	th applicable f	ee(s), to: <u>Ma</u> or <u>Fa</u>	P.O. Box 1450 Alexandria, Vi <u>x</u> (571) 273-2885	for Patents rginia 22313-1450		
INSTRUCTIONS: This for appropriate. All farther cor indicated unless subjected the maintenance fee not the subject of the subj	rm shoule be used for tran responding including the pelouted directed otherwise	smitting the ISSU Patent, advance or in Block 1, by (a	JE FEE and PUrders and notifical specifying a n	BLICATION FEE (if re ation of maintenance fees ew correspondence addre	quired). Blocks I through 5 s will be mailed to the current ss; and/or (b) indicating a sep	should be completed when t correspondence address a arate "FEE ADDRESS" fo	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address  . 7590 08/11/2005				Note: A certificate Fee(s) Transmittal.	of mailing can only be used of This certificate cannot be used anal paper, such as an assignment ate of mailing or transmission.	for domestic mailings of th	
Mark Farber, Esq U.S. Surgical a Division of Tyco 150 Glover Avenue		Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposing States Postal Service with sufficient postage for first class addressed to the Mail Stop ISSUE FEE address above, transmitted to the USPTO (571) 273-2885, on the date indicates the contract of the Contract of the Contract of the USPTO (571) 273-2885.			smission  ng deposited with the Unite  rst class mail in an envelop  s above, or being facsimil  date indicated below.		
Norwalk, CT 06856 /04/2005 MBERHE1 00000070 210550 10790378				Rebecca Layman (Depositor's name)  PUDECCO TUMBER (Signature)			
FC: 1501 1400.00 D	)A )A			<u> </u>	105	(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED II	NVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/790,378 TITLE OF INVENTION: EX	03/01/2004 XTRALUMINAL BALLOC	ON DISSECTION	Thomas J. F	ogarty	2485 CIP CON 7 (203-3394	9370	
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	)	\$300	\$1700	11/14/2005	
EXAM	EXAMINER		IIT	CLASS-SUBCLASS			
DAWSON,	DAWSON, GLENN K		3731		<del>_</del>	•	
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in  (A) NAME OF ASSIGNE  General Surgice	an assignee is identified be 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will appear T a substitute for B) RESIDENCE:		·	document has been filed fo	
Please check the appropriate					Corporation or other private gr	oup entity Governmen	
4a. The following fec(s) are enclosed:  4b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Publication Fee (No small entity discount permitted)  Payment by credit card. Form PTO-2038 is attached.							
Advance Order - # of	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 21-0550 (enclose an extra copy of this form).						
	MALL ENTITY status. See	37 CFR 1.27.	☐ b. Applicant	is no longer claiming SM	ALL ENTITY status. See 37 C	CFR 1.27(g)(2).	
The Director of the USPTO in NOTE: The Issue Fee and Printerest as shown by the reco	is requested to apply the Issumblication Fee (if required) words of the United States Patentials.	ie Fee and Publicat vill not be accepted ent and Trademark	tion Fee (if any) I from anyone of Office.	or to re-apply any previous her than the applicant; a re-	usly paid issue fee to the applic egistered attorney or agent; or t	ation identified above.  the assignee or other party in	
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this form and/or suggestions Box 1450, Alexandria, Virgi Alexandria, Virginia 22313-	for reducing this burden, st nia 22313-1450. DO NOT 1450.	O. Time will vary lould be sent to the SEND FEES OR C	depending upon Chief Informat COMPLETED F	the individual case. Any ion Officer, U.S. Patent an ORMS TO THIS ADDRE	y the public which is to file (an 2 minutes to complete, includi comments on the amount of ti d Trademark Office, U.S. Dep SS. SEND TO: Commissioner it displays a valid OMB contro	me you require to complete partment of Commerce, P.O for Patents, P.O. Box 1450	

Docket: 2485 CIP CON 7



re Apple ation of:

Fogarty et al.

Examiner:

Dawson, Glenn K.

Group Art Unit: 3731

Serial No:

10/790,378

Filed: March 1, 2004

For:

**Extraluminal Balloon Dissection** 

## **CERTIFICATE OF MAILING**

Date of Deposit: November 1, 2005

I hereby certify that the following:

[x] This Certificate of Mailing

[x] Issue Fee Transmittal (3 copies)

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are being deposited with the United States Postal Service first-class mail on the Date of Deposit indicated above in an envelope addressed to the Mail Stop: Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Rebecca Layman

United States Surgical, a division of TYCO HEALTHCARE GROUP LP 150 Glover Avenue Norwalk, CT 06856 (203) 845-1172